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Deliver to: Tran, T Art Group: 2665
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Facsimile No.: 703-872-9306 Date: April 12, 2005
From: Gordon R. Lindeen III, Reg. No. 33,192
Our Docket No.: 15685P069 Number of pages including this sheet.
Application: 09/675,748 Filing Date: 9/29/2000

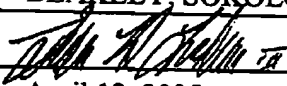
SubjectRemarks

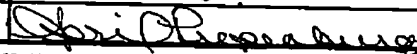
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/675,748
		Filing Date	September 29, 2000
		First Named Inventor	Christopher Uhlik
		Art Unit	2665
		Examiner Name	Tran, T.
Total Number of Pages in This Submission	6	Attorney Docket Number	15685P069

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Gordon R. Lindeen III, Reg. No. 33,192 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	April 12, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	April Piepenburg		
Signature		Date	April 12, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 08/04/2004
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

Application Number	09/675,748
Filing Date	September 29, 2000
First Named Inventor	Christopher Uhlik
Examiner Name	Tran, T.
Art Unit	2665
Attorney Docket No.	15685P069

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.☐ Credit any overpayments**FEE CALCULATION****1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
50	68	0	\$0.00
Independent Claims	5	0	\$0.00
Multiple Dependent			
Large Entity	Small Entity	Fee Description	
Fee Code	Fee Code		
1202 50	2202 25	Claims in excess of 20	
1201 200	2201 100	Independent claims in excess of 3	
1203 380	2203 180	Multiple Dependent claim, if not paid	
1204 300	2204 150	**Reissue independent claims over original patent	
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)		(\$)	0.00

*or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	
1051 130	2051 65	Surcharge - late filing fee or oath
1052 60	2052 25	Surcharge - late provisional filing fee or cover sheet
2053 130	2053 130	Non-English specification
1251 120	2251 60	Extension for reply within first month
1252 450	2252 225	Extension for reply within second month
1253 1,020	2253 510	Extension for reply within third month
1254 1,590	2254 795	Extension for reply within fourth month
1255 2,160	2255 1,080	Extension for reply within fifth month
1401 500	2401 250	Notice of Appeal
1402 500	2402 250	Filing a brief in support of an appeal
1403 1,000	2403 500	Request for oral hearing
1451 1,510	2451 1,510	Petition to institute a public use proceeding
1460 130	2460 130	Petitions to the Commissioner
1807 60	1807 50	Processing fee under 37 CFR 1.17(a)
1808 180	1808 180	Submission of Information Disclosure Stmt
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)		
SUBTOTAL (2)		(\$)

Fee Paid

(\$)

SUBMITTED BY

Name (Print/Type) Gordon R. Lindeen III

Registration No.
(Attorney/Agent)

33,192

Complete (if applicable)

Telephone

(303) 740-1980

Signature

Date

04/12/05

Based on PTO/USB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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Examiner Name	Tran, T.
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Attorney Docket No.	15685P069

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☐ Charge fee(s) indicated below☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.☐ Charge fee(s) indicated below, except for the filing fee☐ Credit any overpayments**FEE CALCULATION****1. EXTRA CLAIM FEES**

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50	66*	0	\$0.00
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Multiple Dependent			

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SUBTOTAL (1)

(\$) 0.00

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1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\$)

Fee Paid

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SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Our Docket No: 015685.P069

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APR 12 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Uhlik, C.

Examiner: Tran, T.

Application No: 09/675,748

Art Unit: 2665

Filed: September 29, 2000

For: Radio Communications System with
A Minimal Broadcast Channel

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed January 12, 2005, Applicant respectfully requests the Examiner to enter the following amendment and to consider the following remark.

Docket No: 015685.P069
Application No.: 09/675,748